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** CONTINUING DATA ***** This application is a 371 of PCT/IN03/00251 07/25/2003					
** FOREIGN APPLICATIONS *****					
** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>ES</i>		STATE OR COUNTRY INDIA	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 5
ADDRESS 3000					
TITLE Aripiprazole crystalline forms					
FILING FEE RECEIVED 650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		